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|---|---|---|-----------------------------------|------|---------------|
| <b>AMENDMENT TRANSMITTAL LETTER</b>   |   |   | Docket No.<br>2185-0698P          |      |               |
| Application No.<br>10/664,355-Conf. #8070   | Filing Date<br>September 17, 2003         | Examiner<br>R. E. Ashton                | Art Unit<br>1752                  |      |               |
| Applicant(s): Masumi SUETSUGU et al.  |   |   |                                   |      |               |
| Invention: A NEGATIVE TYPE RESIST COMPOSITION   |   |   |                                   |      |               |
| <p>MS AF<br/>Commissioner for Patents<br/>P.O. Box 1450<br/>Alexandria, VA 22313-1450</p> <p>Transmitted herewith is an amendment in the above-identified application.<br/>The fee has been calculated and is transmitted as shown below.</p>   |   |   |                                   |      |               |
| <b>CLAIMS AS AMENDED</b>  |   |   |                                   |      |               |
|   | Claims<br>Remaining<br>After<br>Amendment | Highest<br>Number<br>Previously<br>Paid | Number<br>Extra Claims<br>Present | Rate |               |
| Total Claims  | 8   | - 20 =                                  |                                   | x    |               |
| Independent<br>Claims   | 1   | - 3 =                                   |                                   | x    |               |
| Multiple Dependent Claims (check if applicable) <input checked="" type="checkbox"/>   |   |   |                                   |      | 360.00        |
| Other fee (please specify): Extension for response within second month  |   |   |                                   |      | 450.00        |
| <b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>   |   |   |                                   |      | <b>810.00</b> |
| <input checked="" type="checkbox"/> Large Entity <span style="margin-left: 200px;"><input type="checkbox"/> Small Entity</span><br><input type="checkbox"/> No additional fee is required for this amendment.<br><input checked="" type="checkbox"/> Please charge Deposit Account No. <u>02-2448</u> in the amount of \$ <u>810.00</u> .<br>A duplicate copy of this sheet is enclosed.<br><input type="checkbox"/> A check in the amount of \$ _____ is enclosed.<br><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.<br><input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>02-2448</u><br>as described below. A duplicate copy of this sheet is enclosed.<br><input checked="" type="checkbox"/> Credit any overpayment.<br><input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17. |   |   |                                   |      |               |
| Andrew D. Markle<br>Attorney Reg. No.: 32,868   |   |   | Dated: <u>July 10, 2006</u>       |      |               |
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